

DEPARTMENT OF BOATING AND WATERWAYS

2000 EVERGREEN STREET, SUITE 100
SACRAMENTO, CA 95815-3888
(888) 326-2822
www.dbw.ca.gov



The Department may have funds available to reimburse non qualified P.O.S.T employees for expenses incurred while successfully completing DBW sponsored training.

Requests for reimbursement of expenses incurred by non-P.O.S.T. qualified employees will only be paid under the following conditions:

1. Employees must successfully complete a Department approved, P.O.S.T. certified training.
2. Employee must have designated authority under Chapter 4.5 California Penal Code to enforce California boating law and regulations.
3. A fully executed MEMORANDUM OF UNDERSTANDING (**MOU**) must exist between the Department of Boating and Waterways and the Agency requesting reimbursement.
4. A cover letter requesting reimbursement must be submitted within 45-days from the last day of the completed training.

(Note: Agencies requesting reimbursement shall recognize that the June 15th expiration date of the MOU has precedence over the 45-day filing period. As a result there may be occasions where an agency will not have the full 45-days to file a claim for reimbursement).

5. A completed travel expense claim (**TEC**) must be submitted. Original signatures are required from both the employee(s) who completed the training and the officer of the agency authorizing the claim. **A copy of the Enrollment & Material Fee Receipt must be included for each student.**

The TEC will provide a detailed description of dates, departures times, return times, site locations, lodging costs, mileage costs (if applicable) to and from the training site, etc. Subsistence will not be allowed if expenses are incurred within 50 round trip miles of the employee's headquarters address.

Lodging and mileage costs are reimbursable, providing receipts and official mileage documentation is submitted. Meal receipts are not required and will be reimbursed according to POST Plan IV. A sample expense claim is provided in this packet.

Agencies having questions or needing additional information to confirm qualifying expenditures can contact Mary Thomas at (916) 263-8185.

**INSTRUCTIONS FOR COMPLETING THE
MEMORANDUM
OF UNDERSTANDING**

1. Line 3--Enter your Agency's name.
2. Line 23--Enter the authorizing governing body (Board of Supervisors, City Council, Park District, Harbor District, etc.) and the applicable Penal Code section.
3. Line 46--Enter the Agency name.
4. Line 47--Signature of authorized Agency representative must not be a claimant.
5. Line 48--Enter the date of signing.
6. Agencies requesting reimbursement for completed training must provide the following:
 - a) A Memorandum of Understanding (**MOU**) with an original signature. *Note: Each travel claim submitted requires a new **MOU** with an original signature. Copies will not be accepted.*
 - b) A copy of the Enrollment & Material Fee Receipt showing the tuition paid for each student requesting reimbursement.
 - c) A Department of Boating and Waterways travel expense claim declaring the student(s) per diem and travel. All travel claims require an original signature of both student and the appropriate authorizing officer (see attached sample).
 - d) A reimbursement cover letter from the requesting agency (see attached sample).

MEMORANDUM OF UNDERSTANDING

1 This Memorandum of Understanding is entered into on **July 1, 2008**, between the
2 California Department of Boating and Waterways (DBW) and the
3 _____. Federal assistance is authorized by Chapter
4 131 of Title 46, USC (formally referred to as the Federal Boating Safety Act of 1971)
5 for the training of personnel in law enforcement as related to boating. The DBW will
6 reimburse the governmental Agency with Federal monies for certain lodging,
7 subsistence and transportation expenses incurred by their employees while
8 attending and satisfactorily completing a training course approved by the DBW.
9 Agencies entering into DBW's Marine Law Enforcement Training Program,
10 MEMORANDUM OF UNDERSTANDING, acknowledge and agree to the following:
12 A) DBW's training budget fluctuates from fiscal year to fiscal year.
13 B) **Reimbursement funds for completed POST certified training through**
14 **DBW are contingent upon the availability of those funds.**
15 C) Agencies submitting claims for completed POST certified training
16 after program funds have been exhausted will not be reimbursed.
17 D) The governmental Agency will request reimbursement only for those
18 employees whose duty assignments are directly related to the enforcement of
19 State, Federal and Local measures for the regulation of boating activities, and
20 who do not meet the P.O.S.T. qualifications for reimbursement.
21 All employees eligible for reimbursement must have legal authority to
22 issue citations for violations of boating law, regulations or ordinance. Employees'

23 legal authority was granted by _____ Pursuant to
24 California Penal Code, Section _____.

25 E) Request for Reimbursement shall occur within 45 calendar days following any
26 completed training. Delinquent claims for reimbursement may be disallowed.

27 F). This Memorandum of Understanding will terminate **June 15, 2009**. Agencies
28 requesting reimbursement shall recognize that the **June 15th** expiration date of
29 the Memorandum of Understanding has precedence over the 45-day filing
30 period. As a result there will be occasions where an agency will not have the full
31 45-days to file a claim for reimbursement.

32 G) Reimbursement shall not exceed the rates provided.

33 Reimbursement Rate

34 **Maximum Daily Subsistence Allowance**

35 Lodging \$ 84.00 or \$110.00** (plus taxes)

36 Breakfast \$ 6.00

37 Lunch \$ 10.00

38 Dinner \$ 18.00

39 (Not reimbursable within 50 round trip miles of headquarters address)

40 **Only when training occurs in the counties of Los Angeles, San
Diego, San Francisco, San Mateo, Santa Clara and Alameda

41 **Mileage Reimbursement Rates:**

42 Per mile \$ 0.585

43 The reimbursement of transportation costs for other than agency/private owned
44 vehicles must be approved in advance prior to students attending training by the
45 Department of Boating and Waterways.

46 _____
Agency State of California
Department of
Boating and Waterways

47 _____
Authorized Signature Boating Law Enforcement Manager

48 _____
Date Date

SAMPLE LETTER REQUESTING REIMBURSEMENT
(This letter must be on your Agency Letterhead)

(Date)

California Department of Boating and Waterways
Attn: Mary Thomas, Enforcement Unit - Training
2000 Evergreen Street, Suite 100
Sacramento, California 95815-3888

Dear Ms. Thomas:

Please reimburse the ***(Agency)*** in the amount of ***(total amount)*** for actual expenses incurred while attending ***(name of class)*** in ***(location)*** from ***(date to date)***.

Enclosed is a ***MEMORANDUM OF UNDERSTANDING*** signed by an authorized officer of ***(name of Agency)***. Also, enclosed is an original signed and certified travel expense claim for each employee.

If you have any questions regarding this claim, please call ***(your name)*** at ***(area code/phone number)***.

Sincerely,

(Your name)
(Title)

**TRAVEL EXPENSE CLAIM
WORK SHEET**

State of California
DEPARTMENT OF BOATING AND WATERWAYS
2000 Evergreen Street, Suite 100
Sacramento, CA 95815
Attn: Mary Thomas, Enforcement

1. CLAIMANT NAME (Last) (MI) (First)	
2. HOME ADDRESS (Street, City, Zip Code)	3. HOME TELEPHONE ()
4. AGENCY NAME	5. POSITION/RANK
6. AGENCY ADDRESS (Street, City, Zip Code)	7. AGENCY TELEPHONE ()
8. NAME OF TRAINING COURSE ATTENDED	DATES ATTENDED
9. LOCATION OF TRAINING COURSE (City of Destination)	
<div>10. STATUS <i>NOTE: If training was more than one day, and the claimant commuted (travel to and from location each day) please provide the date and time of departure and return for EACH DAY.</i></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> RESIDENT (Stayed at Hotel)</div><div><input type="checkbox"/> COMMUTER (Traveled to & from home each day)</div></div>	
11. CITY DEPARTED FROM (Date) (Time)	12. CITY RETURNED TO (Date) (Time)
13. TRANSPORTATION COST(S) <div><input type="checkbox"/> PRIVATE CAR (license #) (mileage total) \$</div> <div><input type="checkbox"/> RENTAL CAR (Advance Approval and Receipt Required) \$</div> <div><input type="checkbox"/> I AM NOT CLAIMING REIMBURSEMENT FOR TRANSPORTATION</div>	
14. MISCELLANEOUS <div><input type="checkbox"/> TOLLS \$</div> <div><input type="checkbox"/> LODGING (Receipt Required) \$</div> <div><input type="checkbox"/> PARKING (Receipt Required if Over \$10.00) \$</div> <div><input type="checkbox"/> OTHER (Explain Below) \$</div>	
15. COMMENTS	
16. SIGNATURE OF CLAIMANT X	17. DATE X